

<i>SERFF Tracking Number:</i>	<i>ALSB-126726396</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45231</i>
<i>Company Tracking Number:</i>	<i>FIC395 SUBSTITUTION FILING</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.003 Single Premium</i>
<i>Product Name:</i>	<i>FIC395 SUBSTITUTION FILING</i>		
<i>Project Name/Number:</i>	<i>FIC395 SUBSTITUTION FILING/FIC395 SUBSTITUTION FILING</i>		

Filing at a Glance

Company: Allstate Life Insurance Company

Product Name: FIC395 SUBSTITUTION FILING

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.003 Single Premium

Filing Type: Form

SERFF Tr Num: ALSB-126726396 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 45231

Co Tr Num: FIC395

SUBSTITUTION FILING

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Elizabeth Vassallo

Date Submitted: 07/17/2010

Disposition Date: 07/19/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: FIC395 SUBSTITUTION FILING

Project Number: FIC395 SUBSTITUTION FILING

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/19/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/19/2010

Created By: Elizabeth Vassallo

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Elizabeth Vassallo

Filing Description:

Enclosed for your review and approval is a copy of the above-listed form. The enclosed copy is intended to be substituted for the version of FIC395 approved by your Department on 6/28/2010, as part of SERFF filing ALSB-126649012, State No. 45825.

The application is being substituted because the following changes were made to the Purchase Payment section:

- Added "Minimum Purchase Payment \$10,000" to the heading

SERFF Tracking Number: ALSB-126726396 State: Arkansas
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• Added the following statement: "I understand that the contract will not be issued and Purchase Payments will not be applied to the Investment Option(s) until the last source of payment is received, in accordance with the prospectus.
_____ (Initial Here)"

Except for the changes listed above, the application remains substantially similar to the previously approved version.

Please be aware that application FIC395 has not been implemented by us and therefore, has not been issued to any customers in your state.

In addition, we are substituting the following two supporting documents:

1. Revised Previously Approved Forms List now includes form LU10884, which was previously-approved by your Department.
2. Statement of Variability: The "Transfers" provision on page 5 of LU10974 was inadvertently left off of the previously-filed statement of variability for the contract.

Please note that some of the variable information on the pdfs of these forms was bracketed using Adobe Acrobat and though the bracketing appears on the attached pdfs when viewed electronically, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

If you have any questions, please feel free to contact me via SERFF (delete if filing paper) or at the address, phone, or e-mail on my letterhead. Thank you for your consideration of this matter.

Sincerely,

Elizabeth J. Vassallo
Senior Product & Financial Analyst
Contract Development and Filing

Company and Contact

Filing Contact Information

Elizabeth Vassallo,	evass@allstate.com
3100 Sanders Rd, Suite M2A	847-402-2355 [Phone]
Northbrook, IL 60062	847-326-5224 [FAX]

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Filing Company Information

Allstate Life Insurance Company	CoCode: 60186	State of Domicile: Illinois
3100 Sanders Road, Suite M2A	Group Code: 8	Company Type:
Northbrook, IL 60062	Group Name:	State ID Number:
(847) 402-8112 ext. [Phone]	FEIN Number: 36-2554642	

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20/form x 1 form = \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Life Insurance Company	\$20.00	07/17/2010	38114933
Allstate Life Insurance Company	\$30.00	07/19/2010	38126179

SERFF Tracking Number:	ALSB-126726396	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/19/2010	07/19/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	07/19/2010	07/19/2010	Elizabeth Vassallo	07/19/2010	07/19/2010

<i>SERFF Tracking Number:</i>	<i>ALSB-126726396</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>FIC395 SUBSTITUTION FILING/FIC395 SUBSTITUTION FILING</i>		

Disposition

Disposition Date: 07/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSB-126726396 State: Arkansas

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Product Name: FIC395 SUBSTITUTION FILING

Project Name/Number: FIC395 SUBSTITUTION FILING/FIC395 SUBSTITUTION FILING

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	
Supporting Document	Application	No	
Supporting Document	Life & Annuity - Acturial Memo	No	
Supporting Document	Revised Statement of Variability for Application	No	
Supporting Document	Revised Statement of Variabiity for use with Contract LU10974	No	
Supporting Document	Revised Previously-Approved Forms List	No	
Form	Annuity Application	No	

SERFF Tracking Number: *ALSB-126726396* *State:* *Arkansas*
Filing Company: *Allstate Life Insurance Company* *State Tracking Number:* *45231*
Company Tracking Number: *FIC395 SUBSTITUTION FILING*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.003 Single Premium*
Product Name: *FIC395 SUBSTITUTION FILING*
Project Name/Number: *FIC395 SUBSTITUTION FILING/FIC395 SUBSTITUTION FILING*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/19/2010
Submitted Date 07/19/2010
Respond By Date 08/19/2010

Dear Elizabeth Vassallo,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/19/2010
Submitted Date 07/19/2010

Dear Linda Bird,

Comments:

Linda--I was able to add the additional \$30 to the Filing Fees tab. Thank you, Elizabeth

Response 1

Comments: Linda--I was able to add the additional \$30 to the Filing Fees tab. Thank you, Elizabeth

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Linda--I was able to add the additional \$30 to the Filing Fees tab. Thank you, Elizabeth

Sincerely,

Elizabeth Vassallo

SERFF Tracking Number: ALSB-126726396 State: Arkansas

Filing Company: Allstate Life Insurance Company State Tracking Number: 45231

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Product Name: FIC395 SUBSTITUTION FILING

Project Name/Number: FIC395 SUBSTITUTION FILING/FIC395 SUBSTITUTION FILING

Form Schedule

Lead Form Number: FIC395

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FIC395	Application/ Annuity Application Enrollment Form	Revised	Replaced Form #: FIC395 Previous Filing #: ALSB-126649012		FIC395 Application (1010) rev0610.pdf

Application for the Marketing Name Annuity

Single Premium Deferred Annuity
Issued by Allstate Life Insurance Company



Allstate
You're in good hands.

Auto
Home
Life
Retirement

Allstate Life Insurance Company
2920 S. 84th Street, Lincoln, NE 68506
Phone 1-800-632-3492 FAX 1-877-525-2689

Make check payable to: Allstate Life Insurance Company

For Applicants in Arizona: Upon your written request we will provide you, within a reasonable period of time, reasonable factual information concerning the benefits and provisions of the annuity contract. If for any reason you are not satisfied with this contract, you may return it within 30 days after it is delivered and we will refund to you the Interim Value of the Contract as of the date of cancellation.

1. OWNER - If the owner is a trust or other non-natural entity, it is the surviving owner that will receive any death benefit due regardless of any beneficiaries designated on the contract.

<input type="checkbox"/> M <input type="checkbox"/> F					
Owner's Name	Gender	SSN/TIN	Date of Birth (MM/DD/YYYY)		
Street Address		City/State/Zip	Telephone	E-Mail Address	
<input type="checkbox"/> M <input type="checkbox"/> F					
Joint Owner's Name	Gender	SSN/TIN	Date of Birth (MM/DD/YYYY)		
Street Address		City/State/Zip	Telephone	E-Mail Address	Relationship to Owner

2. OWNER TYPE - Non-natural owners (except certain Grantor Trusts) generally do not receive tax deferral.

☐ Individual/Joint ☐ Partnership ☐ Minor (UTMA/UGMA) ☐ Charitable Remainder Trust¹ ☐ Corporation/Association
☐ Grantor Trust^{1,2} ☐ Non Grantor Trust^{1,3} ☐ Tax Exempt/Non Profit Organization

¹Trustee Name(s) _____ ¹Date of Trust _____ (MM/DD/YYYY)

²Grantor Name _____ ²Grantor Date of Birth _____ (MM/DD/YYYY)

³ For Non Grantor Trusts, Trustee certifies that all trust Beneficiaries are natural persons. _____ (Trustee Initial Here)

3. ANNUITANT - Must be a natural person. Leave blank only if Annuitant is same as sole Owner.

<input type="checkbox"/> M <input type="checkbox"/> F			
Annuitant's Name	Gender	SSN	Date of Birth (MM/DD/YYYY)
Street Address		City/State/Zip	Relationship to Owner

4. BENEFICIARY - Include additional information in the Special Instructions section, including information for minor Beneficiaries.

1.	Primary Beneficiary Name	SSN/TIN	Date of Birth (MM/DD/YYYY)	Relationship to Owner	Percentage %
Street Address (No PO Boxes or C/O)		City	State	Zip	
2.	Name <input type="checkbox"/> Co-Primary <input type="checkbox"/> Contingent	SSN/TIN	Date of Birth (MM/DD/YYYY)	Relationship to Owner	Percentage %
Street Address (No PO Boxes or C/O)		City	State	Zip	

5. CITIZENSHIP - If more space is necessary, use Special Instructions section.

Are the following parties U.S. Citizens? (If "NO" complete below)

• Owner ☐ Yes ☐ No • Joint Owner ☐ Yes ☐ No
• Annuitant ☐ Yes ☐ No • Beneficiary(ies) ☐ Yes ☐ No

1.	Full Name	Party (e.g. "Owner")	Country of Citizenship
Permanent Resident Card Number (Attach Copy)		Visa Number and Type (Attach copy)	
2.	Full Name	Party (e.g. "Owner")	Country of Citizenship
Permanent Resident Card Number (Attach Copy)		Visa Number and Type (Attach copy)	

6. PURCHASE PAYMENT - The minimum Purchase Payment is \$10,000.

Payment Information: Cash with application: \$ _____
Approximate 1035 or transfer/rollover amount: \$ _____
Total Purchase Payment: \$ _____

Source of Payment: ☐ Regular ☐ Transfer^{1,2} ☐ Rollover^{1,2} ☐ 1035 Exchange^{1,2}

¹Origin of Payment: ☐ Fixed Annuity ☐ Variable Annuity ☐ Fixed Life ☐ Variable Life ☐ Non-Insurance Asset

²Additional form required to request funds

I understand that the contract will not be issued and Purchase Payments will not be applied to the Investment Option(s) until the last source of payment is received, in accordance with the prospectus. _____ (Initial Here)

Method of Payment: ☐ Personal Check ☐ Cashier's Check ☐ Money Order ☐ Wire ☐ Other _____

7. PURCHASE PAYMENT ALLOCATION - You must allocate your Purchase Payment to at least one Investment Option. The minimum allocation amount to any one Investment Option is \$2,000 or an equivalent percentage. If your initial allocation to any Investment Option(s) is less than the Investment Options minimum allocation requirement, we will re-allocate your Purchase Payment to other Investment Options on a pro-rata basis to meet the minimum allocation requirement. If Purchase Payment includes approximate 1035 or transfer/rollover amounts, allocations must be in percentages. Purchase Payment Allocations must be in whole percentages and equal 100%.

☐ Investment Option 1 \$ _____ or _____ % ☐ Investment Option 2 \$ _____ or _____ % ☐ Investment Option 3 \$ _____ or _____ %

8. TAX QUALIFICATION STATUS OF ANNUITY APPLIED FOR

☐ Non-Qualified

☐ **Qualified (Please select one):** ☐ Traditional IRA ☐ SEP IRA¹ ☐ SIMPLE IRA ☐ Roth IRA²

Payment Tax Year (if applicable) _____ Contribution Amount \$ _____

¹For SEP Only: ☐ Traditional IRA Contribution ☐ SEP IRA Contribution

²Transfer/rollovers from a Designated Roth Account will be accepted only into a Roth IRA.

9. TAX QUALIFICATION STATUS OF PREMIUM SOURCE

☐ Non-Qualified

☐ **Qualified* (Please select one):** ☐ Traditional IRA ☐ SEP IRA ☐ SIMPLE IRA ☐ Keogh/401 Plan
☐ TSA/403(b) ☐ Roth IRA ☐ 457 Plan ☐ Designated Roth Account**
☐ Employer Qualified Retirement Plan (401(a), 401(k), Keoghs)

* If indirect rollover, the owner has 60 days from the date they receive the funds to reinvest the funds. Any Re-characterization, Conversion, Rollover or Qualified Rollover Contribution would involve additional documentation in order to process.

** A Designated Roth Account may only transfer/rollover to a Roth IRA.

10. REPLACEMENT

1. Do you have any existing annuity or life insurance contracts? ☐ Yes ☐ No

2. Has or will this annuity replace or change any existing annuity or life insurance (including borrowing)? ☐ Yes ☐ No
(If Yes, complete the following.)

Company _____ Contract/Policy No. _____ Insured/Annuitant _____

Company _____ Contract/Policy No. _____ Insured/Annuitant _____

11. SPECIAL INSTRUCTIONS

12. IMPORTANT INFORMATION AND SIGNATURES

For Applicants in Arkansas, Louisiana, Maine, New Mexico, and Ohio: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Applicants in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Applicants in District of Columbia and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in Florida: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

For Applicants in Kentucky and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Applicants in Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Applicants in Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss of other benefit, or presents more than one claim for the same damage loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Applicants in Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

I represent that the information I have provided in this application is complete and true to the best of my knowledge and belief. I have read and acknowledge the Important Information above. I acknowledge for Tax Qualified Annuity contracts that all additional forms and disclosures will be sent directly to me. I have received a current prospectus for the contract.

I understand that based upon the Purchase Payment Allocations(s) that I have selected, my Purchase Payment may be exposed to investment loss, subject to the limitations set forth in the Investment Options.

SUBSTITUTE FORM W-9

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including U.S. resident alien).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SIGN HERE

Owner Signature

Date (MM/DD/YYYY)

Joint Owner Signature

Date (MM/DD/YYYY)

Annuitant Signature

Date (MM/DD/YYYY)

Signed at (City/State)

13. AGENT USE ONLY:

A. To the best of your knowledge, does the customer have any existing annuity or life insurance contracts? ☐ Yes ☐ No

B. To the best of your knowledge, has or will this annuity replace or change any annuity or life insurance (including borrowing)? ☐ Yes ☐ No

Select option, if applicable: ☐ Option A ☐ Option B (If no option is selected, the default will be Option A.)

Writing Agent Printed Name	Split %	Agent Number	Florida License Number	
Agent Type <input type="checkbox"/> Multi-Line Agent <input type="checkbox"/> Financial Specialist <input type="checkbox"/> Sales Producer		Phone No. ()	Fax No. ()	E-Mail Address
Partner Agent Printed Name	Split %	Agent Number	Florida License Number	
Agent Type <input type="checkbox"/> Multi-Line Agent <input type="checkbox"/> Financial Specialist <input type="checkbox"/> Sales Producer		Phone No. ()	Fax No. ()	E-Mail Address

By my signature below, I certify that I have truly and accurately recorded on the application the information provided to me by the applicant.

SIGN HERE

Writing Agent Signature _____

Partner Agent Signature _____

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Revised Statement of Variability for Application	
Comments:		
Attachment:		
FIC395 Application Statement of Variability (0610).pdf		

	Item Status:	Status Date:
Satisfied - Item:	Revised Statement of Variability for use with Contract LU10974	
Comments:		
Attachment:		
SOV Registered 2010 Product Filing LU10974 FINAL 7-1-10.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Revised Previously-Approved Forms List	
Comments:		
Attachment:		
AR Previously-approved Forms List.pdf		

Statement of Variability
Allstate Life Insurance Company
FIC395

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect contract-specific information. For other items, this Statement of Variability defines alternative options that may be used for newly-issued contracts without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within those options, will affect newly-issued contracts only, and not in-force business. Further, any such changes will be administered in a uniform, non-discriminatory manner.

Page	Bracketed Items	Description of Variability
1	Marketing Name	Allow for changes in the marketing name for the annuity as it may not be final at the time of filing
1	Company Logo	Allow for changes to the company logo
1	Company Address, Telephone & Fax Number	Company address, telephone and fax numbers may vary over time.
1	Arizona Free Look Disclosure	To allow changes to comply with revisions in applicable state requirements for the state of Arizona.
1	Owner	a. The Owner disclosure may be modified or deleted, and we may add new disclosures/instructions/notices, which may later be modified or omitted. Additionally, to allow for changes that will comply with applicable regulatory requirements. b. To allow for flexibility in the information collected, and make changes to comply with applicable state or federal requirements.
1	Owner Type	a. The Owner Type disclosure may be modified or deleted, and we may add new disclosures/instructions/notices, which may later be modified or omitted. Additionally, to allow for changes that will comply with applicable regulatory requirements. b. To allow for owner types to be added or deleted, as we may change the types of owners that may hold legal title to the annuity. All owner types may not be available for all products we offer. Changes made will comply with applicable regulatory requirements.
1	Annuitant	a. The Annuitant disclosure may be modified, deleted, or added to. Additionally, this will allow for changes that comply with applicable regulatory requirements. b. To allow for flexibility in the information collected and to make changes to comply with applicable regulatory requirements.
1	Beneficiary	a. The disclosure may be modified, deleted, or added to. Additionally, this will allow for changes that comply with applicable regulatory requirements. b. To allow for flexibility in the information collected, and make changes to comply with applicable regulatory requirements.
1	Citizenship	a. The disclosure may be modified or deleted to comply with applicable regulatory requirements. b. To allow for flexibility in the information collected, and to make changes that comply with applicable regulatory requirements.
2	Purchase Payment	a. The minimum Purchase Payment amount may be modified on a non-discriminatory basis. b. Cash with Application – To allow for additional sources of

Page	Bracketed Items	Description of Variability
		<p>payment.</p> <p>c. Source of Payment – To modify, delete or add to the source of payment options.</p> <p>d. Method of Payment – To modify, delete or add to the method of payment options.</p>
2	Purchase Payment Allocation	<p>a. The disclosure may be modified, deleted, or added to.</p> <p>b. To allow for the Investment Options to be modified, deleted or added to.</p>
2	Tax Qualification Status of Annuity Applied For	To allow for flexibility in the information collected and Tax Qualified Plans offered, and make changes to comply with applicable regulatory requirements.
2	Tax Qualification Status of Premium Source	To allow flexibility in the purchase payment information collected, and make changes to comply with applicable state or federal requirements.
2	Replacement Information	<p>To allow for flexibility in the information collected and to make changes to comply with state or federal requirements.</p> <p>Replacement Information will always be on the application as required by state or federal regulators but may be subject to change based on state or federal requirements.</p>
3	Important Information and Signatures	<p>a. Fraud Warnings To allow for flexibility to make changes to comply with applicable state fraud warning requirements.</p> <p>b. Substitute W-9 - This section may be modified to include new information as required by state or federal tax requirements.</p>
4	Agent Use Only	<p>To allow for flexibility in the information collected and to make changes to comply with state or federal requirements.</p> <p>Replacement Information will always be on the application as required by state or federal regulators but may be subject to change based on state or federal requirements. The program options may vary or be deleted based on commission structures offered on the application.</p>

Statement of Variability

Form(s) LU10974, DPA10974, LU10978A, LU10978B, LU10975, LU10976, LU10979

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

LU10974 Series, Annuity Contract

Page	Bracketed Items	Range of Variability
1	Company address and Officers	Company location, Zip Codes and Company Officers may vary over time
3	Annual Charge	The Annual Charge may increase or decrease. It will never exceed 9.9%.
5	Transfers	The number of choices of transfer dates may change during the Investment Option Period. A maximum of 0-10 transfer dates allowed during the Investment Option Period.
6	Annuitant	Range of earliest birthday for Annuitant(s): 60-100
9	Investment Option Interim Value	Original/remaining is bracketed because it will be one or the other.
9	At the expiration of Investment Option Period	Notification period 5 – 90 days.
11	Transfers	a. A maximum of 0-10 transfer dates allowed during the Investment Option Period. b. Transfer notification range: 0-90 days before transfer effective date.
12	Withdrawals	Minimum range: \$50 - \$5,000
12	Minimum Interim Value, below which the Contract may be treated as a full surrender	Minimum range \$2,000 – \$5,000
12	Termination	Minimum range \$2,000 - \$5,000
15	Payout Start Date	a. Range: 1-120 months
15	Income Plan	a. Range: 0-360 months
15	Payout Terms and Conditions	a. Minimum Account Value is \$2,000 - \$5,000 b. Guaranteed Payment Period Range: 0-360 months.
16	Annuity Income Payment Tables	a. Interest Rate Range: 0.50% - 3.00% b. Adjusted Annuitization Age Calculation Range: 0-10 years c. Annuity Mortality Tables are bracketed to allow for the flexibility to update based on updated Mortality Tables. d. Reference date for additional age set-back: 1/1/2000 – 1/1/2100

DPA10974 Series, Annuity Data Page

Page	Bracketed Items	Range of Variability																								
1	Customer Information	John Doe information that will vary by customer demographics and customer selection.																								
1	Investment Option Period	The Investment Period may range from 5-15 years.																								
1	Fair Value Index	The Fair Value Index may be based on any of the following: <ul style="list-style-type: none">• U.S. Treasuries• U.S. Treasuries plus Credit Index• A single index that includes interest rates and credit																								
1	Tax Qualification	John Doe information that will vary by customer selection.																								
1	Purchase Payment	Minimum Purchase Payment Amount Range: \$500-\$50,000																								
1	Credit Enhancement	The Credit Enhancement is offered at our discretion and will only be shown on the Annuity Data Page if available on the Issue Date of the Contract. If offered, the Credit Enhancement Range will be 0.25% - 10.00% of the Purchase Payment																								
1	Investment Option Information	<p>To allow for flexibility to add, modify, substitute or eliminate any current or future Investment Options we make available. Each Investment Option has the following minimum and maximum ranges:</p> <ul style="list-style-type: none">a. Purchase Payment Allocation: John Doe information that will vary by customer selection.b. Minimum Performance Rate: -100.00% to 5.00%c. Maximum Performance Rate: 0.00% to infinityd. Bailout Rate: 0.00% - 50.00%, if applicable. If not offered, the Bailout Rate will not be shown on the Annuity Data Page.e. Investment Option Index: for example – Standard and Poor’s Index or other suitable Investment Option Index that we may use.f. Annual Charge: 0.0% - 9.9% for each Investment Option <p>The Investment Option(s) selected and Investment Option Index(es) used will be shown on the Annuity Data Page.</p>																								
1	Investment Option Minimum Allocation	Minimum range: \$0 - \$50,000																								
1	Access Account	<p>a. The minimum investment performance rate range: -5.00% to 0.00%</p> <p>b. The Index used will be shown on the Annuity Data Page.</p>																								
2	Preferred Withdrawal Amount	Minimum 0% - Maximum 20%																								
2	Withdrawal Charge:	<p>The Withdrawal Charge Schedule may vary, but it will never be greater than what is shown on the withdrawal schedule.</p> <table><tr><td>Contract Year</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11&Later</td></tr><tr><td>Percentage</td><td>12%</td><td>11%</td><td>10%</td><td>9%</td><td>8%</td><td>7%</td><td>6%</td><td>5%</td><td>4%</td><td>3%</td><td>0%</td></tr></table>	Contract Year	1	2	3	4	5	6	7	8	9	10	11&Later	Percentage	12%	11%	10%	9%	8%	7%	6%	5%	4%	3%	0%
Contract Year	1	2	3	4	5	6	7	8	9	10	11&Later															
Percentage	12%	11%	10%	9%	8%	7%	6%	5%	4%	3%	0%															
2	Company Telephone	The Company telephone number may vary over time.																								

Bailout Rate Endorsement: Forms LU10978A and LU710978B

Page	Bracketed Items	Range of Variability
1	Company Telephone and Officers	Company telephone number and Company Officers may vary over time.
1	Bailout Rate window:	Form LU10978A: Bailout window range 10 days to the end of the Contract. Form LU10978B: Bailout window range 10 days to the end of the Contract.

Waiver of Charges Endorsement: Forms LU10975 and LU10976**Credit Enhancement Endorsement: Form LU10979**

Page	Bracketed Items	Range of Variability
1	Company Telephone and Officers	Company telephone number and Company Officers may vary over time.

SCHEDULE OF PREVIOUSLY APPROVED FORMS

Form Number	Description	Approval Date/File No.
LU10169	Amendatory Endorsement for Simple IRA	7/30/02
LU10958	Roth Individual Retirement Annuity Amendatory Endorsement	8/29/08 - ALSB-125766732 State #40107
LU10957	IRA/SEP Amendatory Endorsement (Non-Simple)	8/29/08 - ALSB-125766732 State #40107
LU10196	Custodial IRA Endorsement	1/21/03
NLR739A	Replacement of Life Insurance or Annuities	8/18/09 – ALSB-126266196 – State #43242
LU10884	Partial 1035 Exchange Amendatory Endorsement	1/26/07 - ALSB-125078536 State #34860